

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4	3		1			
5	3		1			
6	(1)		1			
7	(1)		1			
8	1					
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TOTAL IND.			2			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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